

REDUCTION IN SENTENCE APPLICATION

NAME: HersL, Daniel REG No. 62926-037 Date: 8-30-23

WHO IS YOUR PHYSICIAN (circle): Moose Satterly

Choose **One** Criteria: You can only apply under one criteria.

Extraordinary/Compelling Circumstances:

☒ **Medical Circumstances:**

Both ☒ Terminal Medical Condition – Terminal Diagnosis with 18 months or less life expectancy
☒ Debilitated Medical Condition – Illness that has you partially (50%) or completely (100%) disabled

☐ **Elderly Inmates with a Medical Condition:**

☒ "New Law" Elderly Inmates – Have to have served 30 years of a sentence
☒ Elderly with Medical Conditions – 65 yrs. old or older, a deteriorating medical condition, served 50% of your sentence.

☐ Elderly Inmates without a Medical Condition: - 65 yrs. old or older, Served 10 yrs. or 75% of your sentence (which is greater)

To be filled out by Inmate:

Briefly describe your medical condition:

I was Diagnosed with Prostate Cancer in Feb. 2023 and had been awaiting surgery. Well the surgery never happened and now the cancer has spread to my liver, lungs, tail bone and numerous lymph nodes throughout my body.
PREVIOUSLY APPLIED: YES or NO (circle)? IF Yes, how has your condition changed? Cancer has spread throughout my body. Liver, Lungs, Tailbone, lymph nodes throughout my groin region to my largest throat.

RELEASE PLAN: (MUST PROVIDE ALL INFORMATION. ACCEPTANCE LETTER REQUIRED FOR TREATMENT PROGRAM):

Release plan contact information: NAME: Jane Shott RELATIONSHIP TO YOU: Sister
COMPLETE ADDRESS: 11122 Reynolds RD. Kingsville, MD. 21087 TELEPHONE NUMBER: 410-456-5176

When was the last time you spoke to this person concerning your release plan? yesterday

Where will you receive your medical treatment? NAME OF HOSPITAL/CLINIC: Johns Hopkins University Oncology

COMPLETE ADDRESS: 1600 E. Monument ST. BALTO. MD. 21205 How will you pay for your treatment? _____

Have you previously received Social Security Benefits? YES or NO (circle) Have you previously received VA Benefits: YES or NO (circle).

What is your Projected Release Date? 7/7/2031 Where were you sentenced (District)? MARYLAND

Do you have Pending Charges/Detainers? YES or NO (circle) Where are the charges located? N/A

OTHER COMMENTS/INFORMATION: Please give me a chance to seek my own medical treatment where I have trust and confidence that I'm doing everything possible to beat this cancer.

For Staff Use Only:

PRD: 7-10-2031 DTN: NO AGE: 53 PERCENTAGE SERVED: 36.5 TIME SERVED: 6 years
SENTENCING DISTRICT: Maryland CIMS: Yes VNS: yes LAST APPLICATION: 4-14-2020
ICE: NO CITZ: U.S. CASE MANAGER: Stegall QTR ASSIGNMENT: 504-819L